

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/537998		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1		1				51				
2							52				
3							53				
4							54				
5	1		1				55				
6							56				
7							57				
8	1		1				58				
9							59				
10							60				
11	1		1				61				
12	1		1				62				
13							63				
14	1						64				
15							65				
16							66				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7		7				TOTAL IND.				
TOTAL DEP.	5		15				TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				